

Case Number:	CM14-0071761		
Date Assigned:	07/16/2014	Date of Injury:	01/07/2008
Decision Date:	10/02/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Tennessee, California, Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37 year old female who sustained injuries to her bilateral upper extremities, neck, and upper back on 01/07/08. The mechanism of injury was not documented. The progress report dated 04/04/14 reported that the injured worker complained of occasional pain in the bilateral upper extremities. Physical examination noted normal range of motion of the cervical spine; tenderness to palpation over the anterior/posterior cervical triangles; tenderness to palpation over the trapezius and interscapular area; range of motion forward flexion to the right shoulder at 180 degrees, abduction 170 degrees, external rotation 90 degrees, internal rotation 80 degrees; impingement sign negative; adduction sign is negative; the injured worker can forward flexion the left shoulder to 180 degrees, abduction 170 degrees, external rotation 90 degrees, internal rotation 80 degrees; impingement sign negative; adduction sign negative. The injured worker has bilateral normal range of motion of the elbows; Tinel's sign positive right, negative left at the medial aspect of the elbows; bilateral tenderness to palpation over the right lateral epicondyle; tenderness to palpation over the bilateral medial condyles; Tinel's sign negative at the bilateral wrists; Phalen's sign positive right, negative left; compression sign positive right, negative left at the wrists; tenderness to palpation along the dorsal aspect of the right wrist, negative left; sensation intact to all digits bilaterally of the hand with no evidence of thenar atrophy or interosseous muscle wasting bilaterally. There was no imaging study provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional Physical Therapy 2x4 (8) for the BUE, cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARPAL TUNNEL SYNDROME Page(s): 15-16.

Decision rationale: The previous request was denied on the basis that per case management notes, the injured worker has completed 39 physical therapy visits to date and 14 occupational therapy visits to date. It was reported that physical therapy was not helpful. There was no documentation of significant functional deficits that would indicate the injured worker requires further physical therapy versus continuation of a home exercise program. As such, the request was not deemed as medically appropriate. There was no mention that a surgical intervention had been performed. The CAMTUS recommends up to 3-8 visits over 3-5 weeks not exceeding a physical medicine treatment period of 3 months for the diagnosed injury. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the CAMTUS recommendations, in either frequency or duration of physical therapy visits. Given this, the request for additional physical therapy 2 x a week x 4 weeks (8) for the bilateral upper extremities, cervical, and thoracic spine is not medically necessary.

Additional Physical Therapy 2x4 (12) for the BUE, cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARPAL TUNNEL SYNDROME Page(s): 15-16.

Decision rationale: The previous request was denied on the basis that per case management notes, the injured worker has completed 39 physical therapy visits to date and 14 occupational therapy visits to date. It was reported that physical therapy was not helpful. There was no documentation of significant functional deficits that would indicate the injured worker requires further physical therapy versus continuation of a home exercise program. As such, the request was not deemed as medically appropriate. There was no mention that a surgical intervention had been performed. The CAMTUS recommends up to 3-8 visits over 3-5 weeks not exceeding a physical medicine treatment period of 3 months for the diagnosed injury. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the CA MTUS recommendations, in either frequency or duration of physical therapy visits. Given this, the request for additional physical therapy 2 x a week x 4 weeks (12) for the bilateral upper extremities, cervical, and thoracic spine is not medically necessary.

